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FAX MESSAGE

TO: USPTO – COMMISSIONER FOR PATENTS

DATE: NOVEMBER 19, 2007

TIME: 11:00 PM-EST

FROM: S.J. MILLER, ESQ.

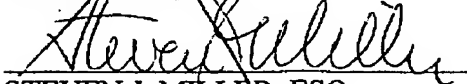
TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 4

RE: US PATENT APPLICATION NUMBER 10/679,075

MESSAGE:

PLEASE FIND ATTACHED HERETO COMPLETED FORM PTO/SB/81, POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM, FOR THE ABOVE REFERENCED PATENT APPLICATION, APPOINTING THE UNDERSIGNED COUNSEL AS ATTORNEY-OF-RECORD FOR THE PROSECUTION OF THE SUBJECT PATENT APPLICATION, AND THE NEW CORRESPONDENCE ADDRESS ASSOCIATED WITH THE UNDERSIGNED COUNSEL'S CUSTOMER NUMBER 47842.

THANK YOU.


STEVEN J. MILLER, ESQ.
USPTO REG. NO. 48368

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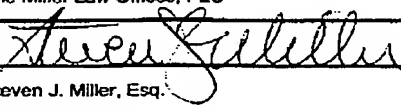
PTO/SB/21 (10-07)

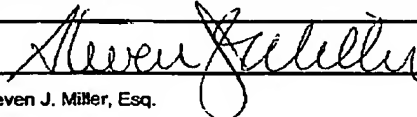
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/679,075
	Filing Date	10/03/2003
	First Named Inventor	Steven Durham
	Art Unit	3633
	Examiner Name	A. PHI DIEU TRAN
	Attorney Docket Number	Durham - 2003
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of transmission Form (PTO/SB/97)
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Firm Name	The Miller Law Offices, PLC	
Signature		
Printed name	Steven J. Miller, Esq.	
Date	11/19/2007	Reg. No. 48368

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	Steven J. Miller, Esq.	Date 11/19/2007

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PTO/SB/51 (01-06)

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<p align="center">POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</p>	Application Number	10/679,075
	Filing Date	10-03-2003
	First Named Inventor	Steven Durham
	Title	Energy Generating Shear System
	Art Unit	3633
	Examiner Name	A. PHI DIEU TRAN
	Attorney Docket Number	Durham - 2003

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

47842

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/56)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	11/19/2007
Name	Steven Durham	Telephone	804-273-8855
Title and Company	Applicant		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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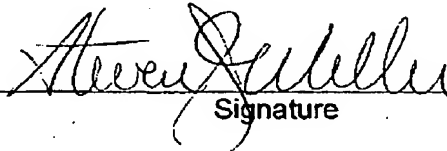
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APPLICATION NO. 10/679,075

Certificate of Transmission under 37 CFR 1.8

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Steven J. Miller, Esq.

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48368

Registration Number, if applicable

305-803-5168

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper. Documents included:

This Certificate of Transmission Form (PTO/SB/97); Transmittal Form (PTO/SB/21);

Power of Attorney and Correspondence Address Indication Form (PTO/SB/81).

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